



SOUTH DAKOTA BOARD OF NURSING
 SOUTH DAKOTA DEPARTMENT OF HEALTH
 722 Main Street, Suite 3 □ Spearfish, SD 57783
 (605) 642-1388 □ FAX: (605) 642-1389 □ www.state.sd.us/doh/nursing

**Nurse Aide
 Application for *Initial* Training Program**

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application.

Send completed application and supporting documentation to: South Dakota Board of Nursing
 722 Main Street, Suite 3
 Spearfish, SD 57783

Name of Institution: Interim HealthCare
 Address: 725 Indiana St
Rapid City SD 57701
 Phone Number: 605-348-5885 Fax Number: 605-348-8262
 E-mail Address of Faculty: LGager@InterimHealthCare.com

- Program Coordinator** must be a registered nurse with two years of nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
☒ Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Ravonna Schryvers</u>	<u>SD</u>	<u>R039951</u>	<u>3/23/14</u>	<u>[Signature]</u>

- Primary Instructor** must be a licensed nurse (RN or LPN) with two years of nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)
☒ Attach curriculum vita, resume, or work history
☒ Documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Lisa Gager</u>	<u>SD</u>	<u>R031720</u>	<u>3/30/15</u>	<u>[Signature]</u>

- Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
☒ Attach curriculum vita, resume, or work history

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Natosha Mettler, RN, BSN</u>	<u>SD</u>	<u>R036950</u>	<u>5/19/14</u>	<u>[Signature]</u>
<u>Jennifer Johnson, RN</u>	<u>SD</u>	<u>R041290</u>	<u>9/18/13</u>	<u>[Signature]</u>
<u>Carol Bancroft, MBA</u>	<u>NA</u>			<u>[Signature]</u>



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Physical Facility Requirements: Ensure that classrooms, conference rooms, laboratories, and equipment are clean and safe and accommodate the number of students enrolled. (ARSD 44:04:18:14)

Course Requirements

Name of Course (if applicable): CNA Hardman's Nsg Assist Care, LTC, & Home Care 2nd Ed. 50

A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.

☒ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).

Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

- ☒ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum
- ☒ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:
 - ☒ A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:
 - ☒ Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
 - ☒ A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
 - ☒ Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):
 - ☒ Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Chap 14
 - ☒ Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning; Chap 13
 - ☒ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support; Chap 8, 20
 - ☒ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors; Chap 19
 - ☒ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices; Chap 10, 16, 17, 21, 22
 - ☒ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints. Chap 2, 3, 4, 25, 26

Supervision of Students: Pursuant to ARSD 44:04:18:13, students in a nurse aide training program may not perform any services unless they have been trained and found to be proficient by the primary instructor. Students in a training program may perform services only under the supervision of a licensed nurse (RN and/or LPN).

Program Coordinator Signature: Karenna Schryvers Date: 3/27/13

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>3/21/13</u>	Date Application Denied:
Date Approved: <u>4/12/13</u>	Reason for Denial:
Expiration Date of Approval: <u>April 2015</u>	
Board Representative: <u>SDHHS</u>	
Date Notice Sent to Institution: <u>4/12/13</u>	